

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marie Malunao, LLC	CHAPTER 100.1
Address: 98-801 Ahikoe Street, Suite B, Kapolei, Hawaii 96707	Inspection Date: October 9, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> Substitute care giver (SCG) #1 & SCG #2 - No examination by a physician prior to first contact with residents. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 and SCG#2 obtained a current annual physical exam. (See attachment)</p>	<p style="text-align: center;">10/20/2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.  <u>FINDINGS</u> Substitute care giver (SCG) #1 & SCG #2 - No examination by a physician prior to first contact with residents. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- To prevent similar deficiencies from recurring the CG will utilized and conduct the following Orientation checklist (see attachment) to insure that all new SCG's meets the State of Hawaii DOH requirements to work within our ARCH facility.</p> <p>- An annual audit will prevent a recurrence of this deficiency by checking that all mandatory physical forms are included and signed by a certified physician in the "Orientation Checklist".</p> <p>- PCG must obtain all necessary forms prior to admission of SCG into the ARCH facility. To insure annual Physical examinations is conducted in a timely manner, the PCG will note the dates examination was completed and mark the annual due dates via electronic calendar: all notifications will be sent to PCG and SCG's.</p>	<p style="text-align: right;">1/21/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <b>FINDINGS</b> SCG #1 & SCG #2 - No initial tuberculosis (TB) clearance. Submit a copy for each with the POC.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">SCG #1 and SCG#2 obtained current TB clearance. (See attachment)</p>	<p style="text-align: center;">10/23/2020</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.  <b>FINDINGS</b> SCG #1 & SCG #2 - No initial tuberculosis (TB) clearance. Submit a copy for each with the POC.	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- see attachments</p> <p>- In the future to prevent similar deficiencies from recurring the CG will utilized and conduct the following "Orientation checklist" (see attachment) to insure that all new SCG's meets the State of Hawaii DOH requirements to work within our ARCH facility.</p> <p>- Included in the "Orientation Checklist" is a required TB Clearance that must be conducted on a annual basis. PCG must obtain and keep a copy of TB Clearance prior to admission of SCG into the ARCH facility.</p> <p>- To insure annual TB Clearances is conducted in a timely manner, the PCG will note the dates in which the TB Clearance was completed and mark the annual due dates via electronic calendar and establish a notification alarm a month prior to the due date. As the notification on the calendar is activated, the PCG will inform SCG to set an appt for another TB clearance.</p>	<p style="text-align: right;">1/21/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>\$11-100.1-15 Medications (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "Trazodone 150 mg 5 tabs QHS" ordered 7/31/20; the label read "Take 2 to 5 tablets by mouth every evening." The medication record noted "Trazodone 150 mg 5 tabs QHS."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Deficiency was corrected. CG adjusted MAR (see attachment). "Trazodone 150mg tab. Take 2 to 5 tab. PO. Every evening."</p> <p>- To correct deficiency: each day PCG/SCG must validate and document dosage given to client following MD order of 5 tablets QHS and initial. As of 11/9/20; Client D/C Trazodone 150mg 2-5 tab PO QHS. New MD order: 11/9/20; Trazodone 150mg, 1 tab in the morning and 4 tab in the evening.</p> <p>- Steps we will follow to ensure that the physician order is consistent with the medication label: A. Check that the physician order matches medication label. B. PCG will double check MAR medication list prior to use. MAR cannot be used if PCG does not sign and approve.</p> <p>- Steps we will follow if medication label is not consistent with the physician order: A. Communicate to PCG of discrepancy. Contact physician and clarify the medication and the correct dosage. B. If dosage is already issued by pharmacy but medication label is incorrect: PCG will notify physician of the error and document the finding. Request a verbal MD order from physician of correct medication and dosage. PCG will label medication to match MD order. C. Medication Training for all SCGs will be conducted annually by PCG. PCG will review (see attachment) Medication administration: covering areas on; MAR, Allergies, Drug location, and important emergency contact numbers.</p>	<p style="text-align: right;">11/21/20</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.  <b>FINDINGS</b> Resident #1 - "Ibuprofen 800 mg Take 1 tablet by mouth 3 times a day after meals as needed for pain or fever" ordered 9/30/20 was not recorded on the medication record.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- The medication was listed on 2nd page of the MAR, and SCG did not print/attach 2nd page. To prevent a similar deficiency from recurring we will do the following:</p> <p>A. ensuring medication are properly labeled and matching the current prescription/medication list.</p> <p>B. PCG ensure that the medication is recorded on the medication record by reviewing at the beginning of every month all medications are updated and current. SCG will review MAR followed by PCG. Signatures by both will be needed to validate crosscheck was completed.</p> <p>- Specific actions that PCG/SCG will follow to prevent a recurrence of this deficiency and what can be done differently is to have PCG review all of clients medication on the MAR. If error is found, immediately revise the MAR and matches correctly with MD's order. PCG will recheck all revisions before MAR is used.</p>	<p style="text-align: center;">1/21/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <b>FINDINGS</b> Resident #1 - "Aripiprazole 15 mg i tab QHS" ordered 8/6/20; the October 2020 medication record noted "BID." However, the medication record noted that the medication is taken at 8 p.m.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Corrected error on the day of audit by strikethrough on "BID" and initialed by PCG. Also wrote "QHS" as written on original Prescription order.</p>	10/09/2020

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (n) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.  <u>FINDINGS</u> Resident #1 - "Aripiprazole 15 mg i tab QHS" ordered 8/6/20; the October 2020 medication record noted "BID." However, the medication record noted that the medication is taken at 8 p.m.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- The medication was incorrectly labeled on MAR. To prevent a similar deficiency from recurring we will do the following:  A. ensuring medication are properly spelled/labeled correctly and match the current prescription/medication list.  B. PCG ensure that the medication is recorded on the medication record by reviewing at the beginning of every month all medications are updated and current. SCG will review MAR followed by PCG. Signatures by both will be needed to validate crosscheck was completed.</p> <p>- Specific actions that PCG/SCG will follow to prevent a recurrence of this deficiency and what can be done differently is to have PCG review all of clients medication on the MAR. If error is found, immediately revise the MAR and matches correctly with MD's order. PCG will recheck all revisions before MAR is used.</p>	1/20/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;  <u>FINDINGS</u> Resident #1 - No two-step TB clearance at the time of admission. Submit a copy of one (1) TB skin test with the plan of correction.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1 TB clearance records on both 1st step and 2nd step obtained from PCP. See attachment.</p>	10/14/2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b> Resident #1 - No two-step TB clearance at the time of admission. Submit a copy of one (1) TB skin test with the plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- see attachment</p> <p>- In the future to prevent similar deficiencies from recurring the CG will utilized and conduct the following "Orientation checklist" (see attachment) to insure that all new SCG's meets the State of Hawaii DOH requirements to work within our ARCH facility.</p> <p>- Included in the "Orientation Checklist" is a required TB Clearance that must be conducted on a annual basis. PCG must obtain and keep a copy of TB Clearance prior to admission of SCG into the ARCH facility.</p> <p>- To insure annual TB Clearances is conducted in a timely manner, the PCG will note the dates in which the TB Clearance was completed and mark the annual due dates via electronic calendar and establish a notification alarm a month prior to the due date. As the notification on the calendar is activated, the PCG will inform SCG to set an appt for another TB clearance.</p>	1/21/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> A geri-chair obstructed egress from the back exit to the area of refuge.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Geri-Chair immediately moved from obstructing egress from the back exit. Geri-Chair removed from premise as it is no longer suitable for care home needs.</p>	10/09/2020

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<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> . (g)(3)(B) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  There shall be a clear and unobstructed access to a safe area of refuge;  <u>FINDINGS</u> A gert-chair obstructed egress from the back exit to the area of refuge.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG on a daily basis, will visually inspect interior and exterior perimeter to insure no obstruction to egress on entrance and exit going to and from home. If obstruction is found, PCG will remove the object(s) immediately so access is unobstructed and clear to a safe area of refuge for clients.</p>	10/09/2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.  Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.  <b>FINDINGS</b> Hot water temperature was 115° F. <i>l</i> <del>CG adjusted temperature</del> <del>regulator.</del>	<p align="center"><b>PART 1</b></p> <p align="center"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">CG adjusted temperature regulator on water heater and rechecked temperature on faucet.            CG turned on water and let it flow for 1 minute. Temperature registered @ 115.3° F.</p>	<p align="center">1/21/21</p>



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<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.  Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.  <u>FINDINGS</u> Hot water temperature was 125° F.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Every month while inspecting Fire alarm system, PCG will also measure with digital temperature gauge on hot water. PCG will insure hot water is regulated and maintained within the range of 100 degrees to 120 degrees fahrenheit.</p>	10/10/2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (p)(5) Miscellaneous:  Signaling devices approved by the department shall be provided for residents' use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.  <b>FINDINGS</b> Bedroom #1, #2, #3 bedside signaling devices were not working.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG replaced dead battery on Bedroom #2 and #3. Tested alarm and is properly working. Bedroom#1 bedside signaling device was reset and sync to operate functionally. Retested and is working properly.</p>	10/10/2020

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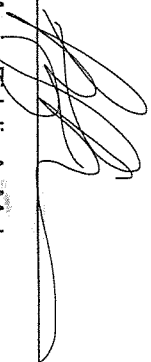
Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: Marie Fidelis A. Malunao

Date: 11/5/20

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: Marie Fidelis A. Malunao

Date: 1/21/2021

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